PTO/SB/122 (10-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents

Washington, D.C. 20231

| Application Number | 10/072,402 8 February 2002 RODRIGUES, Klein A. et al. | | | | | |
|------------------------|---|--|--|--|--|--|
| Filling Date | | | | | | |
| First Named Inventor | | | | | | |
| Group Art Unit | 1711 | | | | | |
| Examiner Name | Asinovsky, Olga | | | | | |
| Attorney Docket Number | 2002.ALC | | | | | |

| | | | | | | | | | _ | | |
|--|--|---|---------------------------------------|----------------------------------|----------------|--|----------------|---|------|--|--|
| Please change the Correspondence Address for th Customer Number 3 | | | 35 | 157 | | Place Customer Number Bar Code Label here | | | | | |
| | | $	au_{2}$ | ype Custom | er Numi | ber he | <i>r</i> e | | • | | | |
| OR | | | | | | *************************************** | | 27 TO 10 TO | | | |
| Firm <i>or</i> Individual Na | ame | David P. LeCroy | | | | | | | | | |
| Address | National Starch and Chemical Company | | | | | | | | | | |
| Address | | Post Office Box 6500 | | | | | | | | | |
| City | | Bridgewater | | State | NJ | | ZIP | 08807 | | | |
| Country | | US | | | | | | | | | |
| Telephone | | (908) 685-5433 | | Fax | (908) 707-3706 | | | | | | |
| This form cal associated w (PTO/SB/124 | Applic Applic Assig Certifi Attorn | existing Custom cant/Inventor. nee of record or cate under 37 (ney or agent of record practioner need) | f the entire CFR 3.73(I record. | r use "F interes b) is end | et. close | with a Customer Nest for Customer I d (Form PTO/SB/ ransmittal letter in a a)(1). Registration | Numbe (96). | cation without an | data | | |
| Typed or Printed Name | David | d P. LeCroy | | | | | | | | | |
| Signature | | (Otto) Color | | | | | | | | | |
| Date | | gust 2003 | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | | | |
| *Total of 1 forms are submitted. | | | | | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.